1862, and was caused by eating the flesh of a diseased cow. About 150 persons were affected. The epidemic was novel in etiology as well as with regard to the symptoms. There were three forms of it: one was very mild, the patients suffering from diarrhœa without fever; another was more severe; there being rigors, febrile symptoms, vomiting, diarrhœa, cerebral symptoms, and violent pains in the abdomen, with great sensitiveness to pressure; the symptoms continued for about a week. The third form was the most severe; there was general collapse, coldness of the extremities, scarcely perceptible pulse, etc. Death ensued in three cases, and convalescence was much protracted in the others. The post-mortem appearances were gastro-enteritis, and hyperæmia and extravasation in the cerebral meninges, the blood being dark and very fluid. There was no retention of urine, and no difficulty of deglutition, whereby the epidemic was distinguished from cholera, and from poisoning with sausages. The cow had had a fracture of the ribs and pleurisy, and it was, therefore, probable that the meat had been poisoned in consequence of pyæmia. The meat was poisonous whether roasted or boiled.—*Med. Times and Gaz.*, Dec. 13, 1862.

18. *Cerebral Hemorrhage.*—Mr. JONES read (January 16, 1863) before the Western Medical and Surgical Society an account of his researches relative to some points in connection with cerebral hemorrhage. The author's conclusions were based upon 40 fatal cases which had occurred at St. George's Hospital. These were taken indiscriminately; but after a careful scrutiny, selecting only those cases in which a perfect post-mortem examination of all the organs of the body took place, and in which a visible hemorrhage could be demonstated from the cerebral arteries, 36 cases were found perfectly reliable for his remarks. Of the predisposing causes, the influence of age was first discussed, and, contrary to what had been often advanced, he showed that the greater number of cases occurred between the ages of 40 and 50; for in 38 cases he had found 3 had occurred between 30 and 40 years, 13 between 40 and 50, 10 between 50 and 60, 9 between 60 and 70, and 3 between 70 and 80. But a further examination showed that, by comparing the numbers of cases with the respective numbers of population at similar ages, the period of life at which the disease was most prone to occur relatively was between 60 and 70; for between 30 and 40 years, 3 cases occurred in a population of 2500; between 40 and 50, 13 cases in a population of 1800; between 50 and 60, 10 cases in 1300; between 60 and 70, 9 cases in 1000; and between 70 and 80, 3 cases in a population of 500. With regard to sex, males were shown to be more liable to the disease than females; for of 40 cases 11 only were females. Mr. Jones next described the efficient causes of cerebral hemorrhage, and the intimate connection between the latter and disease of the kidneys, heart, and arteries. This being one of the principal objects of the paper, he entered minutely into details of the 36 fatal cases in which disease of the kidneys, the heart, or arteries was found conjointly or singly with cerebral hemorrhage. The analysis of these 36 cases was then examined, the result being that disease of the cerebral vessels, other vessels, of the heart, of the kidneys, was found in conjunction 10 times; disease of the cerebral vessels, of the heart, of the kidneys, 22 times; disease of the heart and kidneys, 29 times; of the cerebral vessels and kidneys, 22 times; of the cerebral vessels and heart, 24 times; of the cerebral vessels and heart (hypertrophy), 10 times; of vessels not cerebral and kidneys, 13 times; of vessels not cerebral and heart, 13 times. The further result of the analysis showed that in more than one-half the cases the kidneys, heart, and cerebral vessels were simultaneously affected; and in almost all those cases in which there was absence of disease in one or other of these organs there was the history of an accident to which this attack was attributed. The various morbid appearances found in the kidneys, heart, and arteries, under the foregoing circumstances, were fully and minutely explained, the author being strongly of opinion that the diseased condition of the kidneys first led to that of the arteries, and subsequently to the heart. In support of this opinion, Mr. Jones offered an hypothesis to the effect that the kidneys, from their disorganized state, being unable to depurate the blood on the one hand, but allowing the albumen to unduly pass away on the other, this

fluid was rendered unfit to carry on the nutrition of the tissues, and that the arteries suffered early from this defective nutrition. The conclusions the author drew from his elaborate examination of the subject was, first, that cerebral hemorrhage, when associated with renal disease, is almost always found to be dependent upon rupture of one or more of the cerebral arteries, in consequence of certain morbid changes having taken place in their walls; secondly, that these changes in the walls of the vessels are induced by the altered state of the blood, the effect of advanced disease of the kidneys; and, lastly, that the enlargement of the heart is the immediate effect of the renal disease, conjointly, perhaps, with the alterations in the coats of the vessels. The paper concluded with some remarks upon the treatment of these cases, in which a tonic and stimulating plan, rather than a lowering one, was advocated, and two cases were given which seemed to justify it.—*Med. Times and Gaz.*, Feb. 14, 1863.

19. *Influence of Hypertrophy of the Heart and Diseases of the Cerebral Arteries in the Production of Apoplexy.*—Dr. A. Eulenburg has investigated this subject statistically in a prize thesis presented to the Medical Faculty at Berlin. In 42 cases of sanguineous cerebral apoplexy, abnormal conditions of the arteries at the base of the brain—hardening, calcareous deposits, and fatty degeneration—were found in 29: in 13 cases only were the large cerebral arteries free from disease. In 9 of the 42 cases there was hypertrophy of the left ventricle. Of the 29 cases in which disease of the cerebral arteries was present, there was also more or less extensive endocarditis in 17, alterations of the valves of the heart in 19, and hypertrophy of the left ventricle in 6 only. Dr. Eulenburg hence draws the conclusion that disease of the cerebral arteries is a much more frequent cause of apoplexy than cardiac hypertrophy.—*British Medical Journal*, Dec. 6, 1862, from *Virchow's Archiv*, and *Wiener Medicin. Wochenschr.*, Sept. 6, 1862.

20. *Embolism.*—An interesting case of embolia of the infundibulum of the right ventricle and pulmonary artery communicated to the Société Anatomique, of Paris, by M. Gouraud, has been made the subject of a report by M. Lancereaux. The following is M. Gouraud's *résumé:* "A healthy woman, aged 46 years, entered La Charité, for a fracture of the right leg, accompanied by considerable extravasation of blood. Scutter's apparatus was applied, and all went on well, the size of the limb lessening. After three weeks the apparatus was replaced by a starch bandage. On the following morning the patient was quite well, but, some hours later, violent palpitations of the heart occurred, the patient cried out, became livid, and was dead in a few minutes. On post-mortem examination, the right tibia presented two solutions of continuity, the fibula being fractured in only one place; there was an extravasation of blood infiltrating the whole thickness of the soft parts in this region. The veins of the right leg presented small coagula, which became more distinct and large in the femoral vein, the external and common iliac, and even in the lower part of the vena cava. The fibrinous coagulum was firm, elastic, of a deep red or rose colour, and was adherent at several points to the internal surface of the vessel. On the left side the limb and veins were healthy. From the lower part of the vena cava to the heart the blood was liquid. There existed in the infundibulum of the right ventricle and in the pulmonary artery a clot drawn out into the form of a leech, thirty-six centimetres in length, of a diameter much less than the vessel where it was found, of a rose or deep red colour, and not homogeneous. The lungs were engorged, but crepitant." M. Gouraud explains the obliteration of the passage by the arrest of the long clot, on arriving at a branch of the pulmonary artery, such as would not allow it to proceed further, and then by the ventricular contractions causing the other extremity to be folded back in the infundibulum, so as to lie opposite the sigmoid valves. It is necessary that we should abridge considerably M. Lancereaux's observations. The first question to which he applies himself is the cause of the coagulation which took place in the veins. He explains it thus: The blood coagulated at the seat of the fracture necessarily compressed the mouths of the ruptured vessels; but, at the same time, coagula would form at the extremities of these vessels, and mount up, as is the rule for